

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

**REQUEST FOR PATENT FEE REFUND**

**10525661**

**1 Date of Request:** \_\_\_\_\_ **2 Serial/Patent #** \_\_\_\_\_

<b>3 Please refund the following fee(s):</b>		<b>4 PAPER NUMBER</b>	<b>5 DATE FILED</b>	<b>6 AMOUNT</b>
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$

**7 TOTAL AMOUNT OF REFUND** \$

**8 TO BE REFUNDED BY:**

**10 REASON:**

<input type="checkbox"/>	Overpayment	<b>Treasury Check</b>  <b>Credit Deposit A/C #:</b> 9 <input type="text"/> <input type="text"/> -- <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="checkbox"/>	Duplicate Payment	
<input type="checkbox"/>	No Fee Due (Explanation):	

**11 REFUND REQUESTED BY:**

**TYPED/PRINTED NAME:** \_\_\_\_\_ **TITLE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**OFFICE:** \_\_\_\_\_

\*\*\*\*\*  
**THIS SPACE RESERVED FOR FINANCE USE ONLY:**

**APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Adjustment Date: 07/11/2005 PKIDWELL  
03/07/2005 AKAYPACH 00000074 141270 10525661  
02-FC-1632 500.00 CR

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**